

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

163-039269  
STATE FILE NUMBER

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 122

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED OCT 28 1963

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Fulton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Excelsior Springs</b>		c. CITY OR TOWN <b>Smithfield</b>	
Length of stay in 1b <b>1 week</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Excelsior Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>R.R.#1</b>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>Everett</b> Middle <b>Davidson</b> Last <b>Davidson</b>		4. DATE OF DEATH Month <b>October</b> Day <b>11</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/3/1879</b>
9. AGE (last birthday) <b>84</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>3</b> Hours <b>18</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (If not doing work during most of working life, even if retired) <b>Retired Railroad</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>P&amp;PU R.R.</b>	
11. BIRTHPLACE (City and state or country) <b>Putman Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Daniel Davidson</b>		13b. MOTHER'S MAIDEN NAME <b>Matilda Hart</b>	
14. NAME OF HUSBAND OR WIFE <b>Dessa Martin</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>Dessa Davidson, Smithfield, Illinois</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis -</b> <b>jaundice - severe cerebral -</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>[REDACTED]</b> DUE TO (c) <b>[REDACTED]</b>		INTERVAL BETWEEN ONSET AND DEATH <b>see page 4 or 5 of report</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>[REDACTED]</b> Month, Day, Year <b>[REDACTED]</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Excelsior Springs, Mo.</b>		
21. I attended the deceased from <b>Oct 4 - 1963</b> to <b>Oct 11 - 63</b> and last saw him alive on <b>Oct 11 - 63</b> Death occurred at <b>8 PM</b> on <b>Oct 11 - 1963</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>[Signature]</b> (Degree or title)		22b. ADDRESS <b>Excelsior Springs, Mo.</b>	
22c. DATE SIGNED <b>10-13-63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10/12/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Wiley</b>	23d. LOCATION (City, town, or county) (State) <b>Blyton, Illinois</b>
24. FUNERAL DIRECTOR <b>Prichard Funeral Home, Inc.</b> <b>Excelsior Springs, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>10-10-63</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

040100-001

OCT 2 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ralph Van Lanningham

Licensed Embalmer No. 4009

P.O. Address Chickori Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Removal Permit received 10-10-63 - B.H.